




SurePay Automatic Payment Option

Please complete this authorization form designating your checking account to be charged. You will need to continue to pay your bills until you see "DO NOT PAY..." on the stub portion of your bill. The charge against your bank account will occur from two to eight days prior to the delinquent date shown on your monthly statement. Our office must be notified not less than eight days prior to the delinquent date if you would like to stop the automatic payment for the billing.

PLEASE PROVIDE THIS REQUIRED INFORMATION:

Would you like to contribute \$1.00 each billing to **Scottsdale Cares** ?

☐ YES ☐ NO

Payor Name (if other than City Account Name) _____

Note: If the bank account name and City account name are different, please contact your bank to approve the automatic debit to your bank account. It is our experience that failure to contact them will result in a denial by your bank.

Customer Name: _____ Acct No: _____
(last name) (first name)

Mailing Address: _____
(street, city, state, zip)

Service Address: _____
(street, city, state, zip)

Your daytime telephone number: () _____

You **must** attach any one of the following:

A voided, original check

A canceled check (one that has already cleared the bank for payment)

A photocopy of a check

SENDING A DEPOSIT SLIP WILL DELAY THE PROCESSING OF YOUR SUREPAY REQUEST

SUREPAY AUTHORIZATION

I hereby authorize the City of Scottsdale, until otherwise instructed, to pay and charge to my account all City of Scottsdale utility charges rendered against the undersigned by the City of Scottsdale for the service address listed above. Utility charges may include one or more of the following services: water, sewer, solid waste. Further, I have marked whether I will participate monthly in the Scottsdale Cares donation program.

I understand that to remain on this automatic payment plan I must maintain sufficient funds in my designated account. Failure to do so may result in automatic discontinuance of SurePay.

I understand that requests to discontinue or change this service must be made in writing and sent to the address at the bottom of this form.

Signature _____ Date _____
(as you sign on your bank account)

Please return form to Utility Billing Office:
Utility Billing • 7447 E Indian School Rd, Ste 110, Scottsdale AZ 85251-3915 • (480) 312-2461
Or Fax to (480) 312-4803